

BACKFLOW DEVICE TEST REPORT

Mail Original & Filing fee to:

City of Bel Aire
Community Development Dept.
7651 E Central Park Ave.
Bel Aire, Kansas 67226
316-744-2451 Ext. #120

THIS DEVICE: (Circle one)

PASSED? FAILED?

New Install ☐
Re-Test ☐
Fire System ☐
Containment ☐

FILING FEE: \$5.00

NAME:

Company Name: _____ Address: _____
Size _____ Manufacturer _____ Serial # _____
Model # _____ Type _____
Owner _____ Service Address _____
Location _____ Phone # _____

ADDRESS:

SUPPLY LINE	Reduced Pressure Principle Assembly (Requires three columns)			REBUILD DATE (if known)
	Double Check Valve Assembly (two columns)			
PSI	Check Valve #1	Check Valve #2	Differential Pressure Relief	Vacuum Breaker PVB/SVB
INITIAL TEST	1. RP/DC _____ PSID Leaked (0.0) <input type="checkbox"/> Failed <input type="checkbox"/>	1. RP/DC _____ PSID Leaked (0.0) <input type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET: Opened at _____ PSID DID NOT OPEN <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE: Held at _____ PSID
	Replaced:	Replaced:	Cleaned Sensing Line(s) <input type="checkbox"/>	Leaked (0.0) <input type="checkbox"/>
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	Replaced:	Failed <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	DISC <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	SPRING <input type="checkbox"/>	Replaced <input type="checkbox"/>
	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	GUIDE <input type="checkbox"/>	AIR INLET DISC <input type="checkbox"/>
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	CHECK DISC <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	AIR INLET SPRING <input type="checkbox"/>
DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	SEAT <input type="checkbox"/>	CHECK SPRING <input type="checkbox"/>	
OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	
OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>		
FINAL TEST	RP/DC _____ PSID Leaked (0.0) <input type="checkbox"/> Failed <input type="checkbox"/>	RP/DC _____ PSID Leaked (0.0) <input type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____ PSID DID NOT OPEN <input type="checkbox"/> <u>FOR RP ONLY</u>	AIR INLET Opened at _____ PSID PVB CHECK _____ PSID Leaked (0.0) <input type="checkbox"/> Fail <input type="checkbox"/>

Comments: _____

The above report is certified to be true as attested herein.

INITIAL TEST BY _____ Signature _____	DATE _____
CERTIFIED TESTER NO. _____	
REPAIRED BY _____ Signature _____	DATE _____
FINAL TEST BY _____ Signature _____	Print Signature _____
CERTIFIED TESTER NO. _____	DATE _____